

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013330

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318 1963

Primary Registration District No.

1003

Registrar's No.

2310

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp #1</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>802 ANN</i>
3. NAME OF DECEASED (Type or print) <i>EDGAR (OSCAR) F. HAGER</i>		4. DATE OF DEATH Month <i>2</i> Day <i>27</i> Year <i>63</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-13-1910</i>
9. AGE (last birthday) <i>52</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
11. BIRTHPLACE (City and state or country) <i>LA CONIA, IND.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Chyde HAGER</i>		13b. MOTHER'S MAIDEN NAME <i>Effie Alice Noon</i>	
14. NAME OF HUSBAND OR WIFE <i>UNKNOWN</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>UNKNOWN</i>	
16. SOCIAL SECURITY NO. <i>022X</i>		17. INFORMANT <i>FRANK PROKOPF</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured Aortic Aneurysm with Hemorrhage into the pericardial cavity; Pulmonary Edema (acute) with pleural effusion. Marked myocardial degeneration with pericarditis</i> DUE TO (b) <i>-</i> DUE TO (c) <i>-</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>-</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hr</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>022X</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <i>-</i> a.m. <i>-</i> p.m. <i>-</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>		20f. CITY, TOWN, OR LOCATION <i>-</i>	
20g. COUNTY <i>-</i>		20h. STATE <i>-</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <i>4:50 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wileen L Taylor, Coroner</i>		22b. ADDRESS <i>1300 Clark Ave</i>	
22c. DATE SIGNED <i>3-1-63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
23b. DATE <i>3/1/63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Local Cemetery</i>	
23d. LOCATION (City, town or county) (State) <i>Poplar Bluff, Mo</i>		24. FUNERAL DIRECTOR <i>COTRELL</i>	
25. DATE RECD. BY LOCAL REG. <i>MAR 1 1963</i>		26. REGISTRAR'S SIGNATURE <i>Boad Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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MAR 21 1963

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank Proff

Licensed Embalmer No.

4356

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.